CALEB VIDEO AND INTERVIEW CONSENT AND RELEASE FORM

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I understand my participation is voluntary and that I may, at any time, discontinue my involvement before signing this document. If I choose to discontinue participation, I will notify **CALEB**by providing written notice by **June 7th, 2020**.

I understand that **CALEB** can see no risk presently, and that I take full responsibility for my involvement in this project and the risks that it may entail (be they legal, physical, or mental) and release **CALEB** from any claims, demands, losses, damages, suits, and liabilities of any kind whatsoever in connection with the foregoing.

I hereby certify that I am over eighteen years of age and am competent to contract in my own name insofar as the above is concerned. If I am under eighteen years of age, my parents or legal guardians have read this document and have given their consent by signing below.

By signing this form, I acknowledge that I have completely read and fully understand the above consent and release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for marketing, educational, promotional, and/or any other lawful purpose whatsoever.

Participant Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_